

BALTIMORE CITY

HEALTH STATUS REPORT

2002



MARTIN O'MALLEY

MAYOR

PETER BEILENSON, M.D., M.P.H.

COMMISSIONER OF HEALTH

FROM THE COMMISSIONER OF HEALTH

CITY OF BALTIMORE
MARTIN O'MALLEY, Mayor



HEALTH DEPARTMENT
PETER BEILENSON, M.D., M.P.H., Commissioner
210 Guilford Avenue
Baltimore, Maryland 21202

December, 2003

The Baltimore City Health Department is pleased to present the **BALTIMORE CITY HEALTH STATUS REPORT 2002**. This publication informs about our vision, mission, priorities, demographics, and indicators of major health concerns in Baltimore City.


During the past year, we have made significant progress in the area of childhood immunization, infant mortality, childhood lead poisoning and sexually transmitted diseases. However, we still have work to do as we continue addressing substance abuse, health care access and cancer.

No longer is it "business as usual". Rather, self-evaluation and accountability have become our method of operations through CitiStat and a host of other performance-based measurements to determine how well we are doing in designated areas and where change is needed.

As the following pages will show, the Baltimore City Health Department is not alone in the pursuit to improve the health and quality of life of City residents. We acknowledge with gratitude the work of our many partners in health care service. The medical profession, research institutions, State and local health departments, and community-based organizations are all vital collaborators in addressing the multitude of health issues affecting our citizens.

We appreciate your interest and support in helping to make Baltimore a healthier city!

Sincerely,


Peter Beilenson, M.D., M.P.H.
Commissioner of Health

 Printed on recycled paper with environmentally friendly soy based ink.

BALTIMORE CITY HEALTH DEPARTMENT

HEALTH STATUS REPORT 2002



BALTIMORE CITY HEALTH DEPARTMENT

Peter Beilenson, M.D., M.P.H.
Commissioner of Health

Dawn LaForce O'Neill, M.P.H.
Chief of Staff

Nkossi Dambita, M.D., M.P.H.
*Director, Office of Grants, Research,
Surveillance, and Evaluation*

Contributing Staff

Vanessa Campbell
JaDenna Jones
Carolyn Lowe
Monique Vinscon
Paul Overly

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Baltimore City Health Department
Office of Grants, Research, Surveillance, and Evaluation
210 Guilford Avenue
Baltimore, MD 21202
(410) 396-9944

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BALTIMORE CITY HEALTH DEPARTMENT

HEALTH STATUS REPORT 2002

INTRODUCTION

VISION

The vision of the Baltimore City Health Department (BCHD), as the local health authority, is to serve as an architect and catalyst for needed policy development and change in the health and human services systems of Baltimore City. The Baltimore City Health Department will provide the advocacy and leadership necessary to ensure the protection and promotion of the health of Baltimore's citizens.

MISSION

The mission of the BCHD is to provide all Baltimore residents access to comprehensive, preventive, high-quality health services and care, as well as to ensure a healthy environment.

PRIORITIES

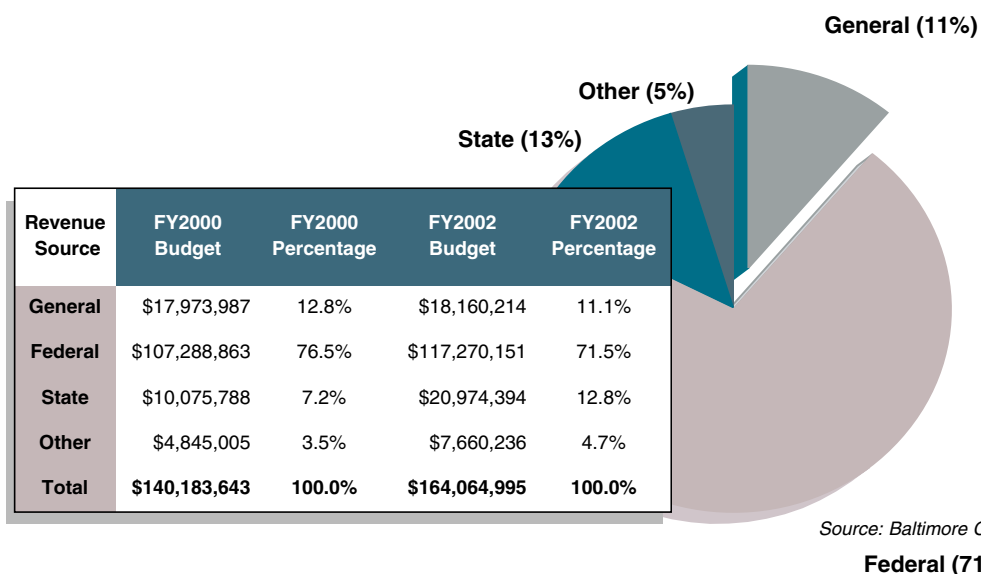
- ✓ To implement a system of Health Care for All
- ✓ To reduce substance abuse and related issues (i.e. HIV/AIDS, crime)
- ✓ To reduce incidence of syphilis and other sexually transmitted diseases (STDs)
- ✓ To prevent child and adolescent morbidity and mortality
- ✓ To increase community participation in environmental health issues
- ✓ To increase cancer awareness and promoting early detection

STAFF

The Baltimore City Health Department employs 651 full-time employees. Part-time and temporary staff levels fluctuate to meet the Department's requirements.

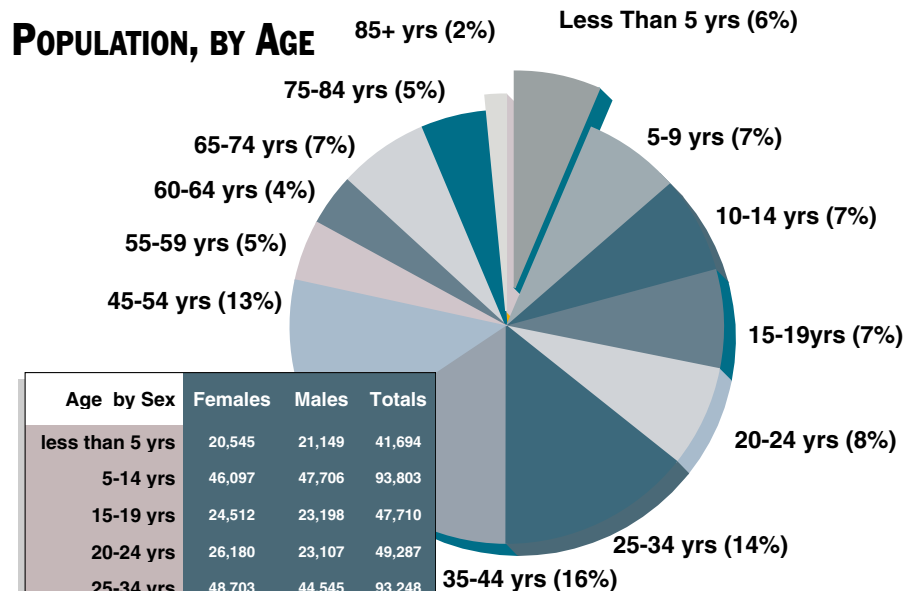
HEALTH DEPARTMENT BUDGET

FY02 BUDGET SOURCES



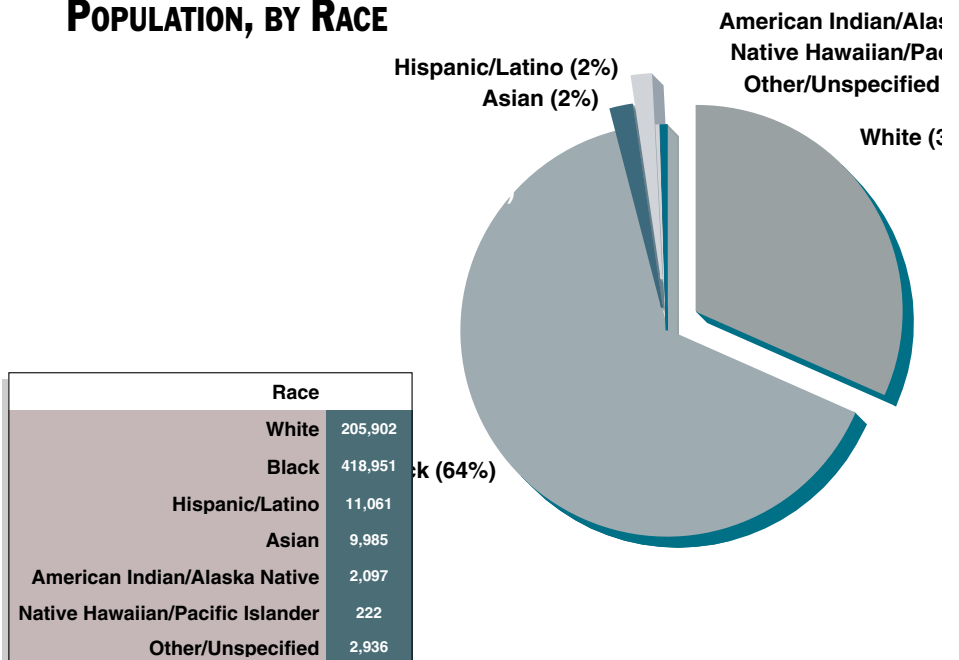
BALTIMORE CITY SOCIO-DEMOGRAPHIC PROFILE

POPULATION, BY AGE



Age by Sex	Females	Males	Totals
less than 5 yrs	20,545	21,149	41,694
5-14 yrs	46,097	47,706	93,803
15-19 yrs	24,512	23,198	47,710
20-24 yrs	26,180	23,107	49,287
25-34 yrs	48,703	44,545	93,248
35-44 yrs	53,289	48,255	101,544
45-54 yrs	44,610	38,798	83,408
55-64 yrs	30,107	24,432	54,539
65-74 yrs	26,223	18,493	44,716
75-84 yrs	19,972	11,277	31,249
85+ yrs	7,229	2,727	9,956
Totals	347,467	303,687	651,154

POPULATION, BY RACE



Race	Count
White	205,902
Black	418,951
Hispanic/Latino	11,061
Asian	9,985
American Indian/Alaska Native	2,097
Native Hawaiian/Pacific Islander	222
Other/Unspecified	2,936

EMPLOYMENT, INCOME, AND POVERTY

Employment	Persons	Rate
Employed	256,036	50.4%
Unemployed	30,699	6.0%
Labor Force Average		8.0%
Median Income	Annual Income	
Males	\$31,767	
Females	\$26,832	
Family	\$35,438	
Population At Or Below Poverty Level	Persons	
Individuals	143,514	
Families	27,864	

Source for all: US Census Bureau

Pie chart percentage labels may not total to 100% due to rounding.

INFANTS, CHILDREN, AND ADOLESCENTS

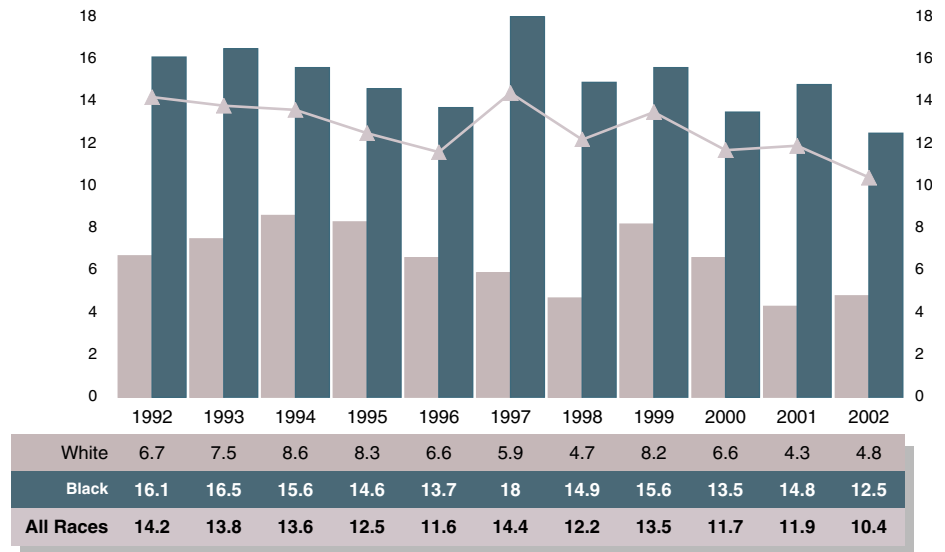
INFANT MORTALITY

Since 1999, infant mortality has decreased by 23%.

Data for 2002 show an infant mortality rate of 10.4 per 1,000 live births, down from 13.5 in 1999 and from over 300 at the turn of the previous century.

Baltimore City infant mortality rate for blacks (12.5/1000) is lower than the projected 2002 national rate of 13.2. The rate for whites (4.8/1000) is also lower than the projected national rate of 5.4.

INFANT MORTALITY TREND



EFFORTS

- ✓ Reached out to families through home visiting to ensure they receive appropriate care – family planning, prenatal care and substance abuse treatment if needed.
- ✓ Educated the public about safe sleeping for infants to prevent SIDS (Sudden Infant Death Syndrome) and SUDI (Sudden Unexplained Death in Infancy – where suffocation cannot be ruled out).

Programs that provide home visiting services are the Health Department's own Maternal and Infant Nursing program, Healthy Start, Inc., and Success by Six .

GOAL: *The infant mortality rate will decrease to less than 10 per 1000 by 2005.*

PRENATAL CARE

Comparative Natality Indicators 2002	Baltimore	Maryland
% Late/ No Prenatal Care	6.7	3.6
% Low Birth Weight	13.4	9
% Very Low Birth Weight	2.8	1.9
Infant Mortality Rate	10.4	8

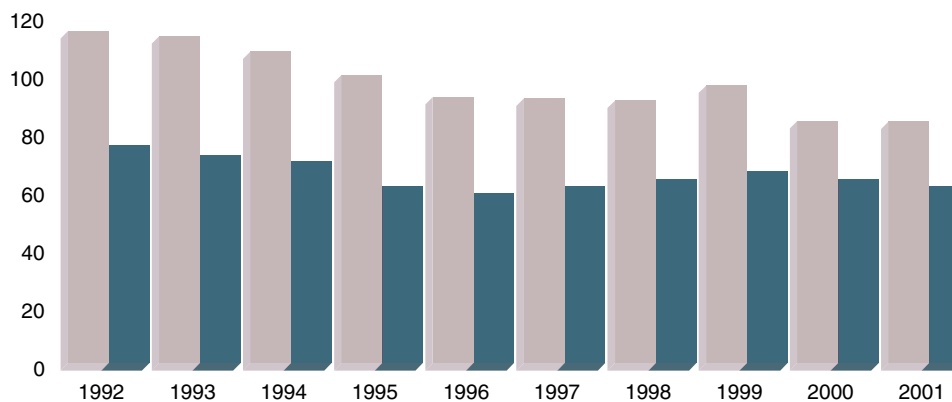
Source for all data on this page: Maryland Department of Health and Mental Hygiene

Percent Receiving 1st Trimester Care	Maryland	Baltimore
1995	88.0	77.5
1996	88.3	77.7
1997	88.9	63.0
1998	87.9	78.3
1999	87.0	75.9
2000	86.4	74.9
2001	83.7	74.5

FERTILITY TRENDS

Birth Indicators, Baltimore City, 2002					
Variable	White	Black	Other	Total	Hispanic
Live Births	2,269	6,553	224	9,046	251
Births to Teens 17 yrs and younger	85	727	7	819	14
Births to Teens 18 and 19	147	926	11	1,084	27
Live Births with No Prenatal Care	37	189	2	228	3
Infant Deaths	11	82	1	94	0
Neonatal Deaths	6	50	1	57	0
Postneonatal Deaths	5	32	0	37	0
Percent Low Birth Weight	7.8%	15.5%	8.1%	13.4%	7.2%
Infant Mortality Rates (per 1,000 Live Births)	4.8	12.5	0.4	10.4	*

FERTILITY RATES BY AGE OF MOTHER (PER THOUSAND)



All Teens (15-19)	114.3	112.5	107.2	99.2	91.6	91.1	90.4	95.6	83.3	83.1
All Women (15-44)	75.1	71.3	69.6	61	58.3	61	63	66	63	60.7

Births Per 1,000 by Age	2000	2001
Under 15	3.9	3.6
15-19 yrs	83.3	83.1
20-24 yrs	110.0	100.0
25-29 yrs	83.4	81.7
30-34 yrs	66.0	60.6
35-39 yrs	30.1	33.0
40-44 yrs	6.7	6.1
45-49 yrs	0.2	0.0
General Rate	63.1	60.7

Source: Maryland Department of Health and Mental Hygiene

GOAL: The teen birth rate will decrease to 75 per 1,000 by 2005.

IMMUNIZATION GOALS AND COVERAGE

According to Maryland MERSS for the period January 1, 1998 to July 31, 2003 there were only three cases of mumps and no cases of measles.

EFFORTS

- ✓ Ensured that immunization-deficient children receive the appropriate shots from a health care provider or the TIKE Van.
- ✓ Provided education to daycare centers regarding immunization requirements, checking immunization records, and other important immunization related updates.
- ✓ Provided outreach for children in out-of-home care.
- ✓ Participated in community-based health fairs, which includes dissemination of educational materials.

Public School Immunization Compliance

Pre-Kindergarten	98.9%
Kindergarten	99.3%
Grades 1-12	99.7%

Source: DHMH Center for Immunizations' Annual Report of School Health Status (2002-2003)

Vaccine/ Dose	Healthy People 2000 Goals	Baltimore FY2002	Maryland FY2002
DPT/DT			
3 Doses	90.0%	94.3 +/- 2.6	97.4 +/- 1.4
4 Doses		82.7 +/- 5.3	86.6 +/- 3.8
Polio			
3 Doses	90.0%	93.8 +/- 2.6	94.8 +/- 2.8
Hemophilus Influenza B			
3 Doses	90.0%	93.8 +/- 3.7	97.3 +/-1.6
MCV			
1 Dose	90.0%	94.4 +/- 3.7	95.7 +/- 2.2
Hepatitis B			
3 Doses	70.0%	86.7 +/- 4.9	92.3 +/- 2.6
Combined Series			
4DPT/3Polio/1MCV		79.5 +/- 5.5	83.9 +/- 4.1
4DPT/3Polio/1MCV/3Hib		78.1 +/- 5.6	82.6 +/- 4.2

Source: National Immunization Survey, Centers for Disease Control and Prevention

GOAL: Increase the immunization coverage rate for two-year-olds to 80% in 2003. For FY03, maintain 99% immunization rates for public schools (K-12), and attain 98% rates for private schools.

ELEVATED LEAD LEVELS IN CHILDREN

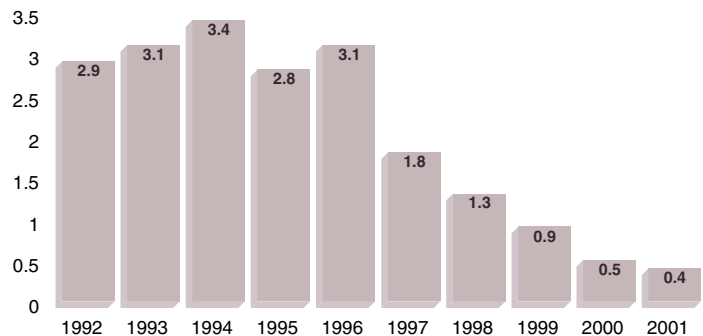
From 1999-2002, lead poisoning decreased by 50.5%.

EFFORTS

- ✓ Increased lead poisoning testing efforts due in part to the legislation mandating lead poisoning tests for all children at ages 1 and 2 years.
- ✓ Filed 427 enforcement actions in the three years since the Lead Initiative's inception. During the 1990's, no enforcement actions were filed against property owners in Baltimore City; however,
- ✓ Obtained \$12 million dollars in State funding over 3 years.

GOAL: *To eliminate childhood lead poisoning by 2010.*

PERCENTAGE OF CHILDREN AGE 0-6 WITH ELEVATED BLOOD LEVELS OF 20MG/DL OR HIGHER



Source: Maryland Department of the Environment, Lead Poisoning Prevention Program

ASTHMA

More than 17 million people in the United States have asthma; of that number, approximately 11,000 of them are children in Baltimore City.

EFFORTS

- ✓ Served over 90 children and over 100 homes through the Childhood Asthma Home Visiting Program .
- ✓ Upgraded the Baltimore Asthma Surveillance System and determined that over 11,000 children are diagnosed asthmatics in Baltimore.
- ✓ Expanded the outreach to the at-risk areas of the City, which has enhanced collaboration with community partners in the private and non- profit sectors.

GOAL: *To determine the incidence of asthma as well as all factors—environmental or health care access, affecting the severity of asthma in children. To increase and adjust current interventions to make the greatest impact on children diagnosed with asthma, as well as to establish preventive measures directed at reducing incidence and severity of disease.*

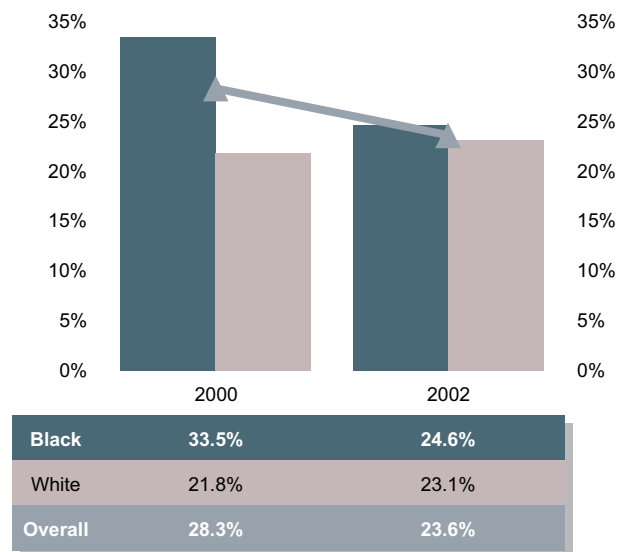
TOBACCO USE (YOUTH AND ADULTS)

Baltimore City has the highest rates of oral and lung cancer mortality in Maryland, a consequence of tobacco use. The number of adults smoking cigarettes declined nearly 17% between 2000 and 2002. The most significant reduction in smoking was achieved by black residents over the past two years.

EFFORTS

- ✓ Received a grant of \$100,000 from the American Legacy Foundation® to fund interactive activities on the Tobacco Use Prevention and Cessation Program van.
- ✓ Collaborated with the University of Maryland Community Law in Action Program to implement an age compliance system using local youth under the age of 18.
- ✓ Mailed out over 7,000 letters (in English, Greek, Chinese, Spanish and Korean) to tobacco retailers and food service operators informing them of the City's intent to enforce tobacco control laws.
- ✓ Established enforcement program to issue citations with fines up to \$500 without warnings to violators of tobacco control laws.

ADULT CIGARETTE USE DECLINE

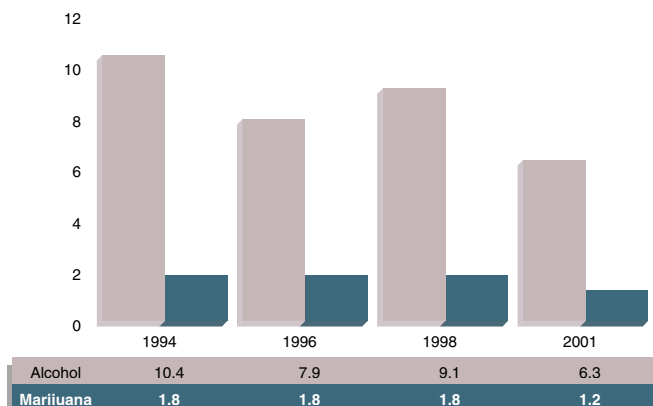


Source: First Annual Tobacco Survey, Cigarette Restitution Fund Program, Maryland Department of Health and Mental Hygiene

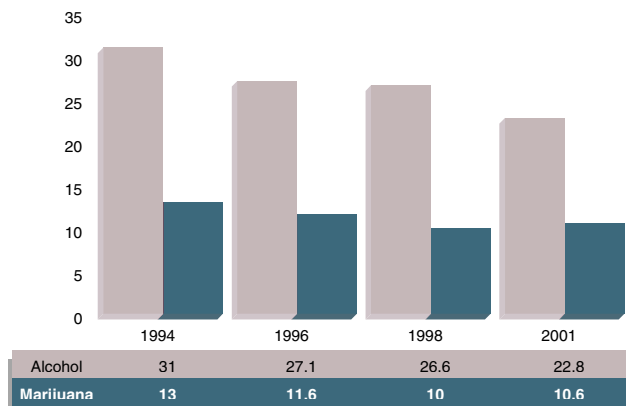
GOAL: To reduce disease, disability and death related to tobacco use.

ALCOHOL AND MARIJUANA USE BY SCHOOL-AGE CHILDREN

PERCENTAGE OF SIXTH GRADERS WHO HAVE USED ALCOHOL OR MARIJUANA IN THE PAST 30 DAYS



PERCENTAGE OF EIGHTH GRADERS WHO HAVE USED ALCOHOL OR MARIJUANA IN THE PAST 30 DAYS



Sources: Maryland Adolescent Survey (Biannual)
Maryland State Department of Education
National Institute of Drug Abuse: Monitoring the Future

COMMUNICABLE DISEASES INCIDENCE

Disease Group	1999	2000	2001	2002
Arboviral	0	0	2	3
Campylobacteriosis	39	50	43	61
Encephalitis	7	5	4	1
Giardiasis	26	23	21	17
Hepatitis A Acute	99	92	92	68
Hepatitis B	671	743	1,259	1,147
Hepatitis C	138	875	2,046	5,086
Influenza	29	23	159	227
Legionellosis	7	14	5	8
Listeriosis	5	5	1	1
Malaria	11	7	9	9
Meningitis Aseptic & Other	75	142	190	152
Meningococcal	10	7	12	1
Mumps	3	4	1	0
Pertussis	20	17	8	4
RMSF	1	2	1	1
Salmonella	146	142	120	220
Shigellosis	21	49	34	677
Strep	112	17	51	162
Tuberculosis	77	67	60	71
Vibrio Noncholera	1	2	2	4
West Nile Virus Confirmed	0	0	2	3
West Nile Virus Probable/Suspect	NA	NA	2 *	12 **

*both "probable"
** all "suspect"

Source: Baltimore City Health
Department

HEPATITIS

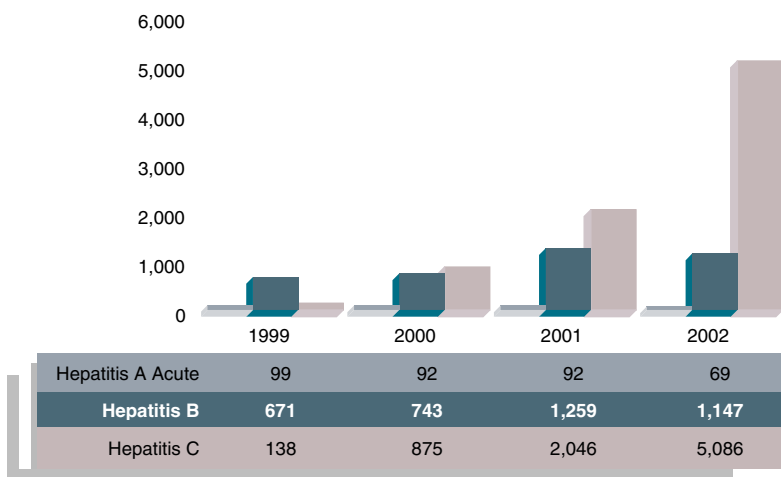
EFFORTS

- ✓ Designed and implemented a comprehensive prevention program that addresses Hepatitis as a disease through screening, counseling, treatment, and referral; professional and public education; surveillance and research; and funding and resource identification.
- ✓ Established a Viral Hepatitis Crosscutting Team to address the above four targeted areas.*

GOAL: *To lower the incidence of acute hepatitis A, B, and C and reduce the disease burden from chronic HBV and HCV infection.*

*This program was implemented in December 2002.

INCIDENCE OF HEPATITIS



Source: Baltimore City Health Department

TUBERCULOSIS

Baltimore City has experienced a 49% decrease in TB cases over the past ten years.

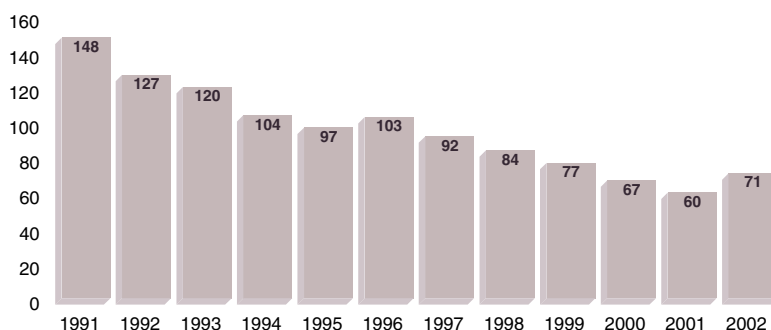
Most cases are U.S. born (82%), black (76%), male (58%) between the ages of 30 and 59 years.

Approximately 23% of the cases were found in persons 70 years and older. Among the high-risk categories, 23% of the cases are in HIV infected individuals and 11% are injection drug users.

EFFORTS

- ✓ Provided directly observed therapy (DOT) to nearly 100% of the patients. This highly successful approach to public health has resulted in a treatment completion rate of 94% for patients who were recommended a course of treatment.
- ✓ Offered expertise in the diagnosis and treatment of HIV infected patients in collaboration with Johns Hopkins University.

INCIDENCE OF TUBERCULOSIS



Source: Baltimore City Health Department

GOAL: *Elimination of tuberculosis (1/100,000 population) by 2008.*

SEXUALLY TRANSMITTED DISEASES

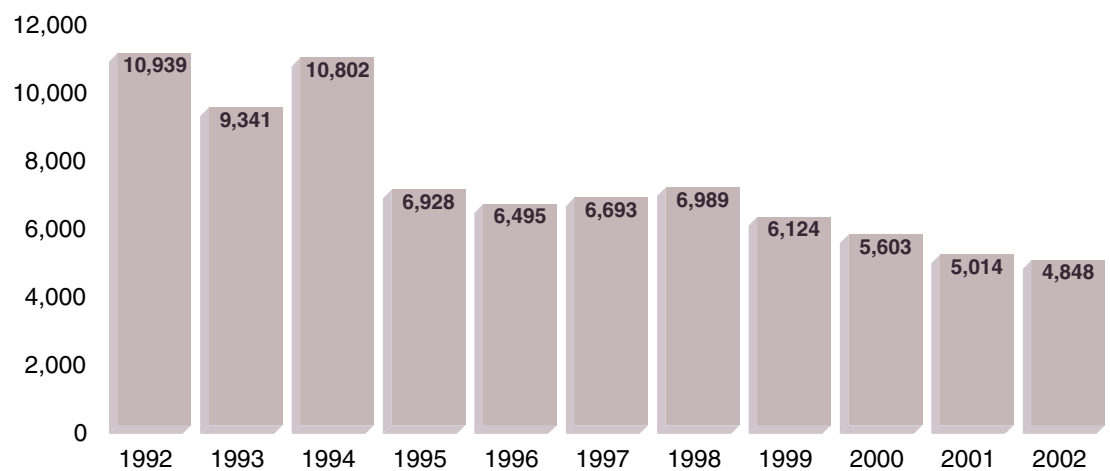
GONORRHEA

EFFORTS

- ✓ Increased communication and collaboration with the private medical community since more than 60 % of all cases of gonorrhea are treated and reported by private sector health care providers.

- ✓ Ensured that all cases, in women reported from the private sector without documentation of treatment are followed up for care.

INCIDENCE OF GONORRHEA



Source: Baltimore City Health Department

- ✓ Identified and treated 207 people in 2002, who otherwise may not have been treated until they developed more serious complications.

- ✓ Conducted educational presentations on treatment and reporting of STDs to more than 300 physicians.

- ✓ Increased the number of publicly-funded tests for gonorrhea by 100%.

GOAL: To reduce gonorrhea by 10-15% annually.

SYPHILIS

From 1997 to 2002, there has been a 82.8% decrease in syphilis.

There were only 115 cases of primary and secondary syphilis reported during calendar year 2002, or a rate of 17.7 per 100,000 population.

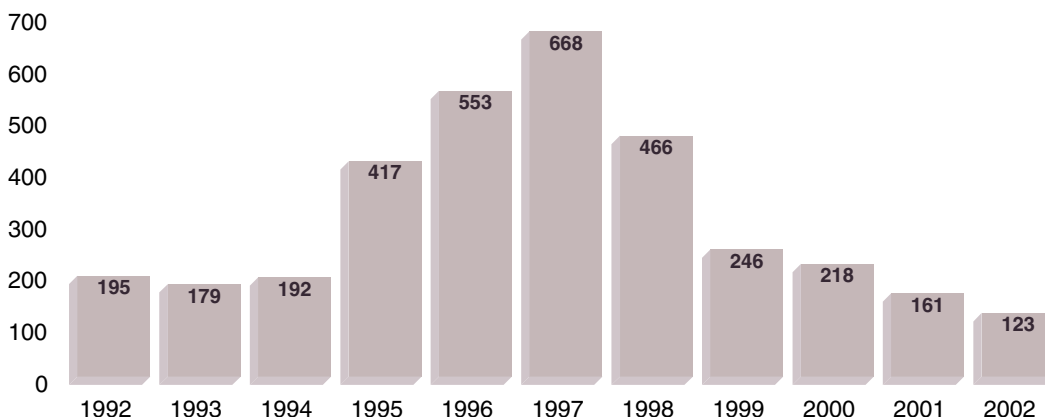
EFFORTS

- ✓ Sustained level of involvement of the Health Department with community organizations. Partners provide testing, counseling, and referral services to the Health Department and assist in the dissemination of information with the community-wide syphilis awareness campaign.

- ✓ Increased outreach to the medical provider community by the Health Department in 2002. This resulted in more timely and complete reporting of syphilis. Improved timeliness allowed Disease Intervention Specialists (DIS) to intervene more rapidly, thereby reducing the spread of disease.

INCIDENCE OF SYPHILIS

- ✓ Increased Disease Intervention Specialists' scope of work, and as a result, the percentage of sexual contacts of index cases treated for syphilis increased by 75% in 2002 compared to 2001. In addition, the percent of persons examined within three days who were sexual contacts of syphilis-infected people increased 22%.



Source: Baltimore City Health Department

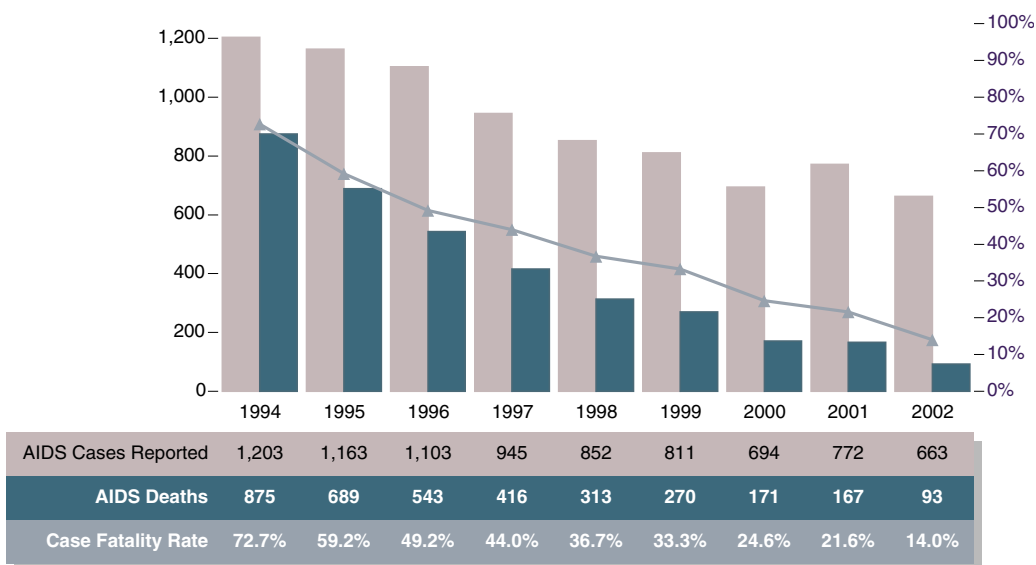
GOAL: Elimination of syphilis (0.4/100,000 population) by 2008.

HIV/AIDS

EFFORTS

- ✓ Expanded the provision of HIV counseling and testing services throughout Baltimore City in STD clinics, community-based organizations and jails.
- ✓ Targeted black transgender men who engage in high-risk behaviors that put them at risk for becoming HIV infected with the help of the Baltimore Prevention Coalition.

AIDS DEATHS

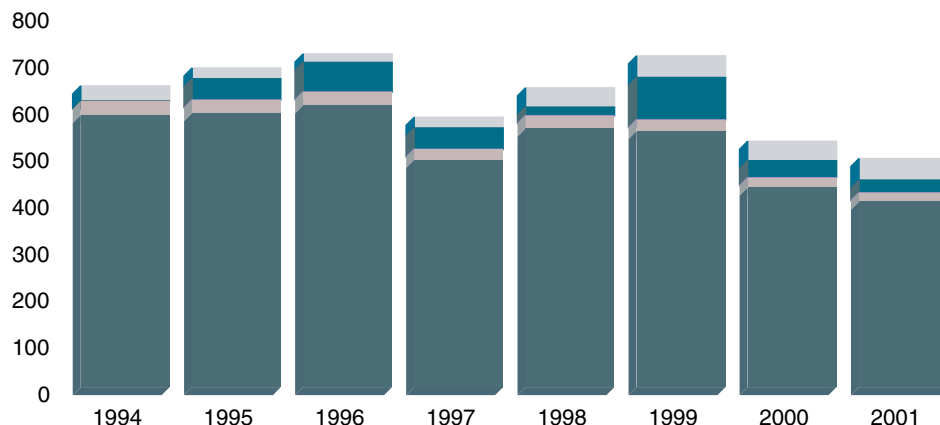


Source: Baltimore City Health Department

- ✓ Targeted black young women between 12-21 years of age who are at risk for HIV to receive trained peer educator-based information through the Black Mental Health Alliance.
- ✓ Served Hispanic/Latino adolescents aged 12-21 through Centro de la Comunidad's peer-educator program who may engage in behaviors that put them at risk for HIV and STDs.

- ✓ Targeted homeless adults, especially injection drug users, for intervention to decrease HIV prevalence by increasing their knowledge of HIV/AIDS, with the help of Health Care for the Homeless.

HIV INCIDENCE BY RACE, 1994-2001



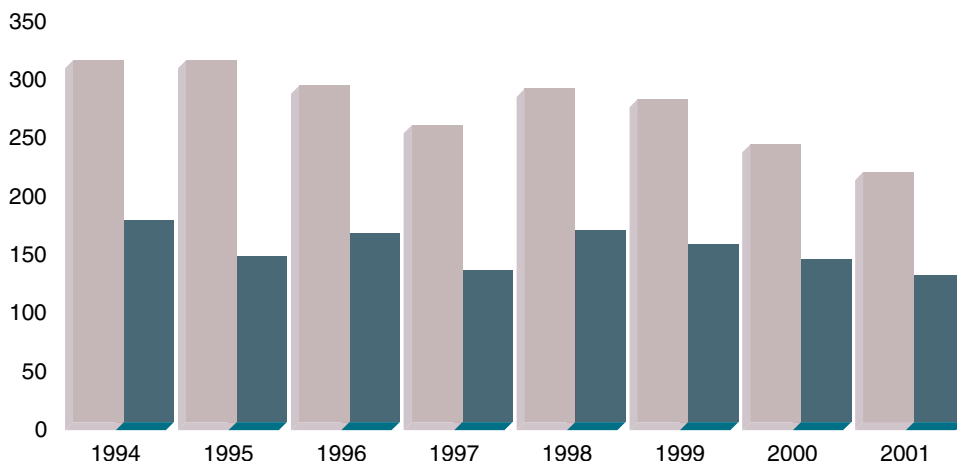
	1994	1995	1996	1997	1998	1999	2000	2001
Black	583.4	587.4	603.8	487.2	554.7	549.2	427.7	397.4
White	30.2	28.5	29	23	27.3	24	21.1	18.9
Hispanic	0	45.2	63.3	45.2	18.1	90.4	36.2	27.1
Other	32.5	23.2	18.6	23.2	41.8	46.5	41.8	46.5

Source: Maryland AIDS Administration

- ✓ Provided peer-educator-driven program services through Health Education Resource Organization, targeting young black men who have sex with men who engage in behaviors that put them at risk of becoming infected with HIV .

- ✓ Provided outreach and health education designed to decrease high-risk behaviors related to the transmission of HIV infection in black youth aged 12-21 through the Northwest Baltimore Youth Services.

HIV INCIDENCE BY SEX, 1994-2001



	1994	1995	1996	1997	1998	1999	2000	2001
Male	310.8	310.8	288.8	254.9	286.1	277.3	238.4	214.7
Female	173.3	142.2	162	130.4	164.3	152.5	139.6	125.8

Source: Maryland AIDS Administration

Incidences are newly-diagnosed cases. Rates are per 100,000 persons.

- ✓ Reduced high-risk behaviors related to the transmission of HIV among black women 12-21 with the help of Sisters Together and

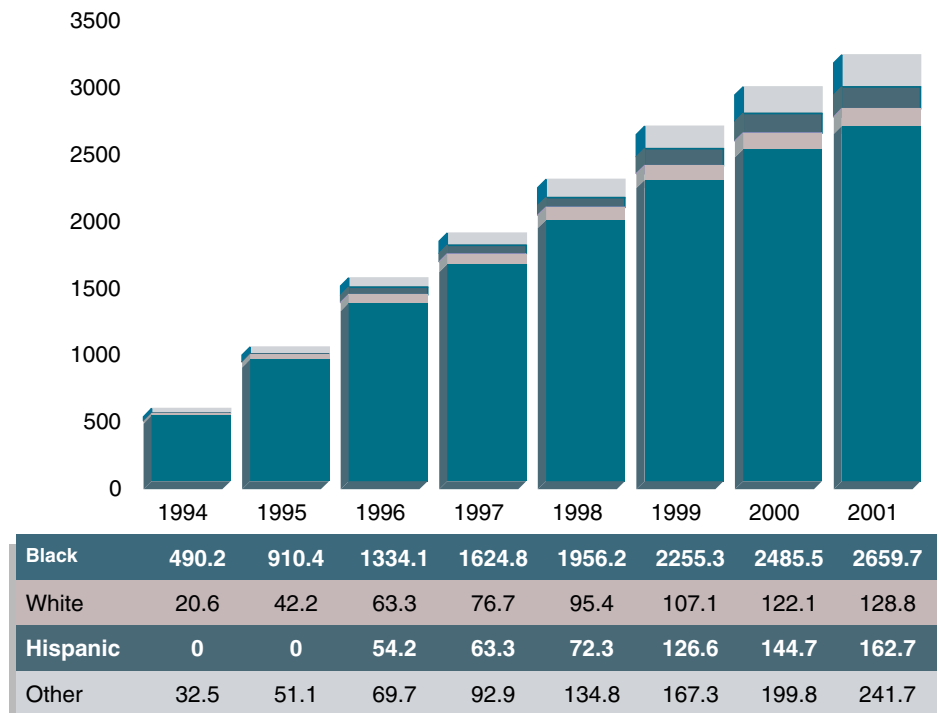
Reaching, with a particular emphasis on those who are directly impacted by the HIV/AIDS epidemic in Baltimore City.

- ✓ Reduced high-risk behavior among young blacks 12-21 with the help of The After School Institute. Peer educators use State-approved curricula and the arts (music, theater) to conduct interactive groups.

- ✓ Conducted health education/risk reduction sessions among Hispanic/Latinos in Baltimore City under the Hispanic HIV Prevention Intervention program.

- ✓ Provided prevention health education to HIV positive individuals under a new BCHD initiative, Prevention for HIV Positives .

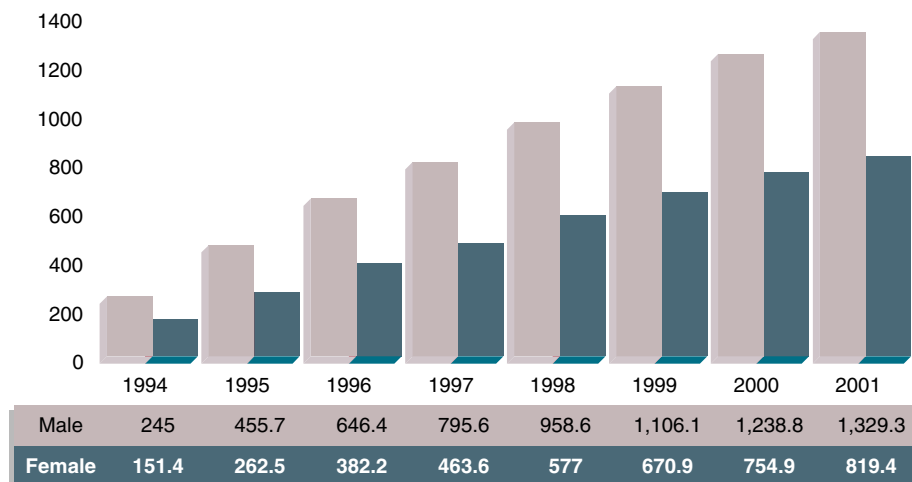
HIV PREVALENCE BY RACE, 1994-2001



Source: Maryland AIDS Administration

- ✓ Conducted health education risk reduction sessions on HIV, STD, and other co-morbidities to the male and female inmate population at the Detention Centers through the HERR Maryland Pre-Trial Detention Center Inmates Program

HIV PREVALENCE BY SEX, 1994-2001



Source: Maryland AIDS Administration

- ✓ Reduced high-risk behaviors related to the transmission of HIV and other infectious diseases, targeting black males having sex with males aged 15-24 years old in Baltimore City, using the UJIMA Mobile Van MSM Demonstration Project.

- ✓ Provided city-wide confidential and anonymous HIV testing for an estimated 25,000 individuals each fiscal year.

Approximately 426 or 35% of the State of Maryland's HIV infected persons are identified through counseling and testing. Prevention counseling is at the core of all HIV testing activities funded by BCHD. This type of counseling provides the opportunity to

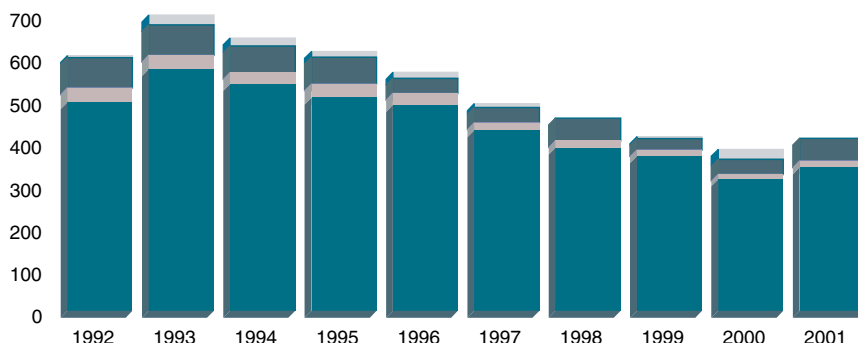
help individuals assess their risk of infection and provides referrals to the appropriate services to reduce their risk.

AIDS INCIDENCE BY RACE, 1992-2001

Anonymous Testing Sites

The Baltimore City Health Department funds sites that offer strictly anonymous HIV counseling and testing, including:

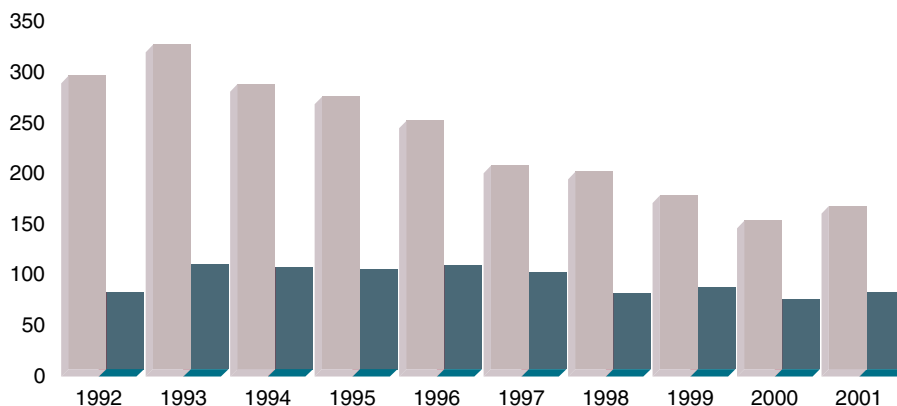
- ✓ Chase Brexton Health Services
- ✓ Bon Secours Health Systems
- ✓ Mercy Medical Center



Black	493.1	571.5	536.3	504.1	486.7	426.7	385.5	365.6	310.6	339.3
White	33.8	32.6	27.1	32.4	27.3	17.7	16.5	14.6	11.8	14.9
Hispanic	72.3	72.3	63.3	63.3	36.2	36.2	54.2	27.1	36.2	54.2
Other	4.6	23.2	18.6	13.9	13.9	9.3	0	4.6	23.2	0

Source: Maryland AIDS Administration

AIDS INCIDENCE BY SEX, 1992-2001



Male	289.8	320.5	281.5	269	245.3	200.9	194.9	171.6	146.5	161
Female	76	103	100.7	99	102.7	95	74.8	80.9	68.8	75.7

Source: Maryland AIDS Administration

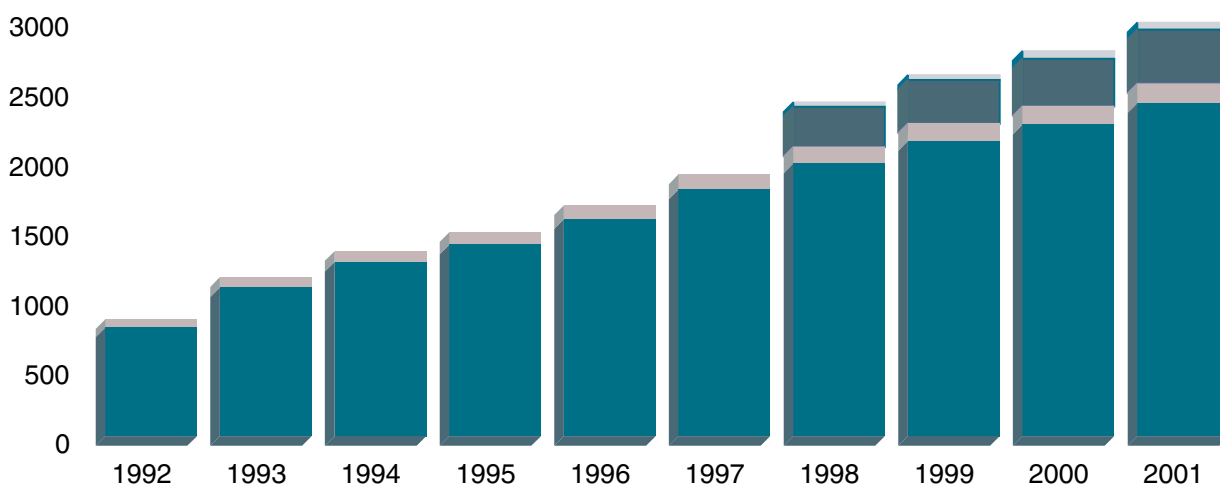
Confidential Testing Sites

HIV counseling and testing services provide an introduction to education and access to care in Baltimore City. BCHD provides such testing at the following sites:

- ✓ BCHD Sexually Transmitted Disease Clinics (Eastern and Druid Health Districts)
- ✓ BCHD Tuberculosis Clinic (Eastern Health District)
- ✓ Bon Secours Health System (Imani Center)
- ✓ Chase Brexton Health Services
- ✓ Johns Hopkins Hospital & Health System/Gynecology and Obstetrics
- ✓ Mercy Medical Center
- ✓ U. of Maryland Medical Center/Obstetrics, Gynecology & Reproductive Services

GOAL: To increase HIV counseling and testing efforts by administering 25,000 HIV tests.

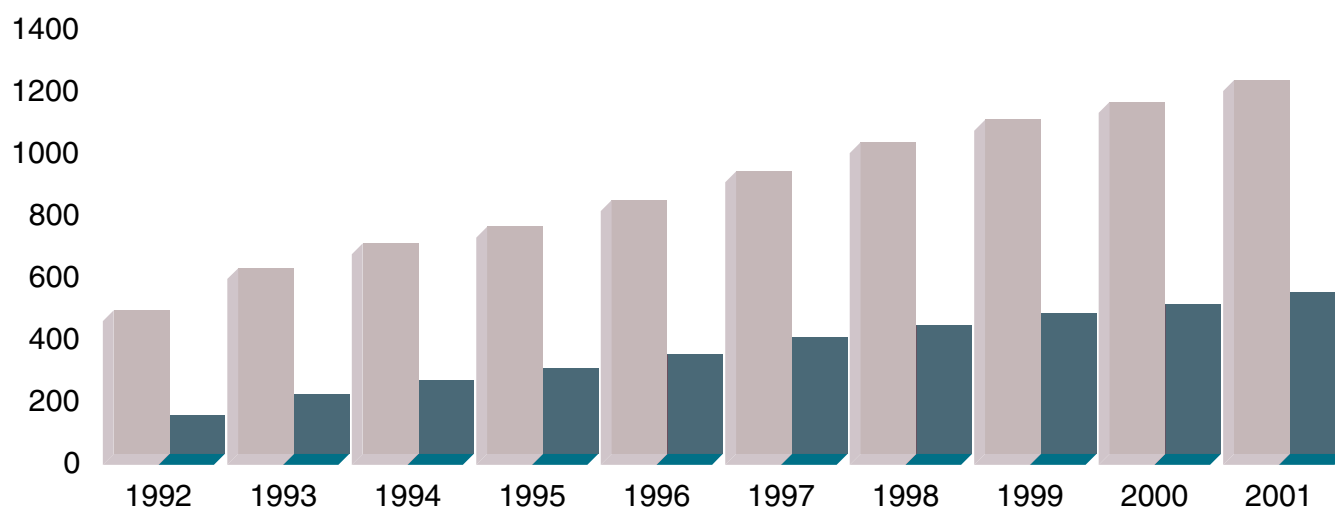
AIDS PREVALENCE BY RACE, 1992-2001



Black	779.9	1068.1	1252.2	1377.2	1559.8	1772.1	1960.6	2121.4	2239	2394.3
White	61.4	75.1	79.4	90.2	100.5	110	118.9	125.4	131.7	140
Hispanic							289.3	316.4	343.5	388.8
Other							32.5	32.5	55.8	51.1

Source: Maryland AIDS Administration

AIDS PREVALENCE BY SEX, 1992-2001



Male	463	598.3	678.3	731.7	817	909.8	1004.3	1075.8	1134.1	1204.2
Female	124.9	192.5	236.9	275.7	319.7	374.7	413.6	453	480	520

Source: Maryland AIDS Administration.

Incident cases are new cases diagnosed during the given year.

Prevalent cases are persons alive as of December 31 for each year.

Rates are per 100,000 population.

Population is based on 2000 Census.

Collection and maintenance of "AIDS Prevalence by Race" statistics for the categories "Hispanic" and "Other" began in 1998.

CHRONIC DISEASES

CANCER INCIDENCE, 1999

Cancer Site	Number of Cases						Incidence Rate					
	Total		Male		Female		Total		Male		Female	
	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore	Maryland	Baltimore
All Sites	23,264	3,268	11,964	1,707	11,300	1,561	476.8	516	569.3	562.6	414.8	422.5
Oral Cavity and Pharynx	539	86	372	64	167	22	10.9	14.1	16.5	23.9	6.2	**
Esophagus	286	56	219	41	67	15	5.9	8.9	10.3	15.6	2.5	**
Stomach	328	61	210	38	118	23	6.8	9.6	10.5	15.1	4.3	**
Colon and Rectum	2,547	360	1,291	162	1,256	198	53.3	56.7	53.4	64	45.4	51.9
Liver and Intrahepatic Bile Duct	191	32	124	21	67	11	4	5.1	6	**	2.4	**
Pancreas	488	78	238	36	250	42	10.2	12.3	11.4	14.3	9.1	10.9
Larynx	243	56	195	43	48	13	5	8.9	8.9	16.1	1.8	**
Lung and Bronchus	3,446	603	1,904	326	1,542	277	71.6	94.7	92.4	128	56.8	73.8
Bones and Joints	59	7	35	6	24	^	1.2	**	1.4	**	**	**
Soft Tissue	140	21	80	12	60	9	2.8	3.3	3.5	**	2.2	**
Melanomas of the Skin	884	56	487	34	397	22	17.5	8.7	22.1	12.9	14.5	**
Breast	3,750	459	36	6	3,714	453	75.3	74.3	1.8	**	137	126.8
Cervix					226	39					8.2	10.8
Uterus					632	59					23.5	16.1
Ovary					355	36					13.2	9.8
Prostate			3,869	557					185.3	216.8		
Testis			125	8					4.7	**		
Urinary Bladder	882	97	610	62	272	35	18.5	15.4	30.5	25	9.8	9.1
Kidney and Renal Pelvis	563	73	338	35	225	38	11.5	11.7	15.2	13.7	8.3	10.3
Eye	21	^	9	.	12	.	**	**	**	**	**	**
Brain and other Nervous System	312	38	168	21	144	17	6.2	5.9	7.3	**	5.3	**
Thyroid	366	28	76	6	290	22	7	4.7	3.1	**	10.7	**
Leukemia	424	62	241	33	183	29	8.7	9.6	11.7	13.1	6.7	7.5
Hodgkins Disease	141	20	77	12	64	8	2.7	**	3	**	2.4	**
Non- Hodgkins Lymphomas	812	97	446	51	366	46	16.4	15.5	20.1	19.4	13.2	12.4
Multiple Myeloma	242	36	128	17	114	19	5	5.6	6.3	**	4.2	**
Unknown Primary/ Other/ Ill Defined	693	123	347	63	346	60	14.5	19.3	17.3	24.9	12.5	15.4

Source: Maryland Cancer Registry, Maryland Department of Health and Mental Hygiene

Notes:

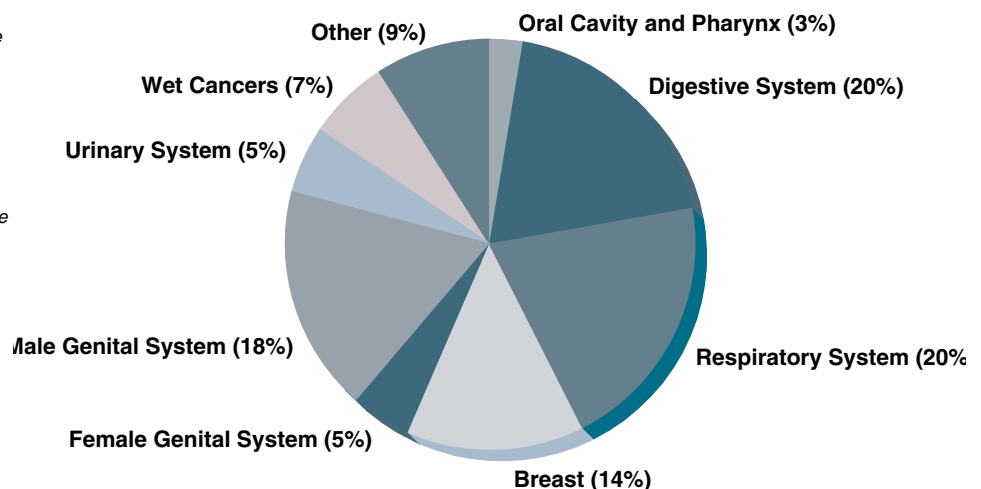
^ Five or fewer cases are not presented, as per MCR/DHMH Data Use Policy

** Rates based on 25 or fewer cases are not presented, as per MCR/DHMH Data Use Policy

Rates are per 100,000 and are age-adjusted to the 2000 U.S. Standard Population

Percentages of pie charts may not add to 100% due to rounding-off.

1999 is the most recent year for which statistics are available.



CANCER DEATHS

Cancer Deaths By Site and Race	Number of Deaths			Mortality Rate		
	Total	Black	White	Total	Black	White
All Sites	1,783	1,002	773	279.6	295.9	268.4
Lung and Bronchus	533	295	237	83.2	85.6	85.8
Breast	142	83	59	22.7	23.9	22.5
Prostate	121	78	43	54.3	77.4	37.4
Colon	158	90	66	24.8	27.4	20.1
Colon and Rectum	189	107	80	29.8	32.7	25.2

Cancer Deaths by Site	
Oral Cavity and Pharynx	86
Digestive System	645
Respiratory System	668
Breast	459
Female Genital System	155
Male Genital System	588
Urinary System	174
Wet Cancers	215
Other	298

Source: Maryland Cancer Registry, 1999

DIABETES

EFFORTS

- ✓ Used community-based outreach strategies including participating in and/or sponsoring health fairs; made informational presentations on diabetes and related topics to community, government, business, faith-based and educational organizations and institutions; distributed informational materials; and worked with health care organizations, providers, educators and community-based outreach workers.

Category	Diagnosed Diabetics		Undiagnosed Diabetics		Total Diabetics	
	Persons	Percentage of Population	Persons	Percentage of Population	Persons	Percentage of Population
Adult Male	11,876	5.6%	5,938	2.8%	17,814	8.4%
Adult Female	16,387	6.4%	8,194	3.2%	24,581	9.6%
White Adult	7,910	5.0%	3,955	2.5%	11,865	7.5%
Black Adult	27,801	9.2%	13,900	4.6%	41,701	13.6%
All Age 18-44 yrs	4,912	1.9%	2,456	0.9%	7,368	2.8%
All Age 45-64 yrs	11,766	9.2%	5,883	4.6%	17,649	13.6%
All Age 65-74 yrs	6,972	15.9%	3,486	8.0%	10,458	23.9%
All Age 75+ yrs	4,947	12.6%	2,473	6.3%	7,420	18.9%

Source: Behavioral Risk Factor Surveillance Survey (BRFSS), Office of Public Health Assessment, MD Department of Health and Mental Hygiene

- ✓ Provided case management services to people with diabetes.
- ✓ Referred diabetic residents to affordable sources of medical care.
- ✓ Targeted high-risk groups such as Hispanics for specialized outreach activities.

GOAL: *Reduce the incidence of diabetes among Baltimore residents and delay or prevent the morbidity, disability and mortality associated with the disease.*

SUBSTANCE ABUSE

These numbers are a composite of primary, secondary and tertiary substances of abuse as reported at admission to treatment centers by 22,000-plus substance abusers seeking treatment in 2002.

Substances of Abuse	Number	Percentage
Heroin	15,866	71.26%
Non- Rx Methadone	298	1.34%
Other Opiates and Synthetics	30	1.37%
Alcohol	8,471	38.00%
Barbiturates	53	0.24%
Other Sedatives and Hypnotics	165	0.74%
Hallucinogens (Other than PCP)	73	0.33%
Cocaine / Crack	11,695	52.46%
Marijuana / Hashish	4,353	19.53%
Methamphetamines	13	0.06%
Other Amphetamines	32	0.14%
Inhalants	11	0.05%
PCP	47	0.21%
Other Stimulants	6	0.03%
Benzodiazepane	267	1.20%
Other Tranquilizers	36	0.16%
Over the Counter	5	0.02%
Other	19	0.09%
Steroids	9	0.04%

Source: Baltimore Substance Abuse Systems, Inc.

BENEFITS OF DRUG TREATMENT

Drug treatment saves lives.

The biannual Drug Abuse Warning Network (DAWN) survey of 21 major metropolitan areas conducted by the Office of Applied Studies at the Substance Abuse and Mental Health Administration found that in Baltimore City drug-related emergency room visits dropped 18% between 1999 and 2001, the largest two-year drop of any city in the country. Combined with effective policing, increased funding of drug treatment in Baltimore City resulted in a 29% drop in violent crime between 1999 and 2002. Both of these decreases occurred despite national increases in crime and drug-related emergency room visits.

Drug treatment is effective.

Independent evaluations of Baltimore's publicly funded treatment system, like Steps to Success: Baltimore Drug and Alcohol Treatment Outcomes Study (2002), show that drug treatment provides a generous return on investment of public dollars, both financially and in the improvement of public health and safety. "Steps to Success", a study that followed 1,000 clients of Baltimore's treatment system found that one year after entering treatment:

- * **Heroin use fell 69% and cocaine use fell 48%**
- * **Illegal income fell 69%**
- * **Arrests fell 38%**
- * **Legal income increased 67% and days worked increased 52%**

The study further found that for every 1,000 people treated over a twelve-month period, society saves \$3,214,200 in illegal income, 63,600 days of crime, and over 210,000 days of cocaine and heroin use. This is particularly impressive because a "failure rate" is built in - - the study's findings include individuals who left treatment after as little as one session.

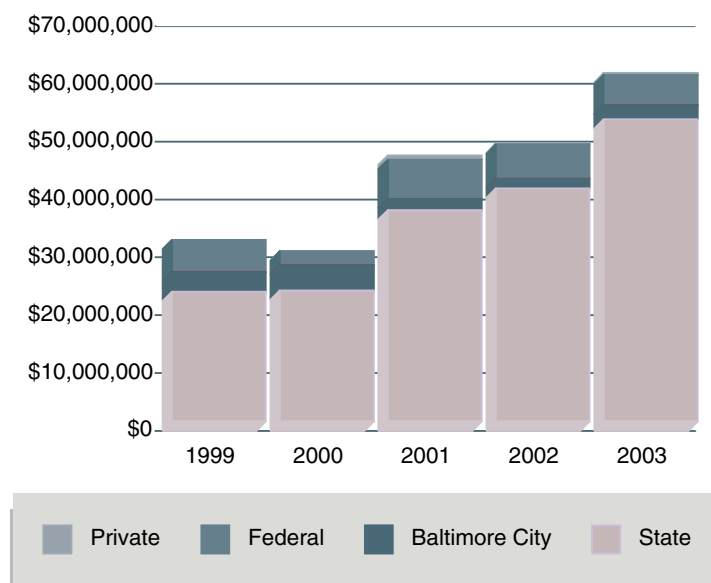
Drug treatment saves money.

Baltimore City's publicly funded treatment system currently serves approximately 22,000 individuals. The best estimates are that 40,000 of the 60,000 Baltimore City residents who use illicit drugs in any given year would seek treatment if it were available (source: State of Maryland Alcohol and Drug Abuse Administration). Perhaps the clearest illustration of the cost effectiveness of drug treatment is that based on National Institute on Drug Abuse calculations, ***20,000 untreated addicts cost the City and the State of Maryland over \$1.041 billion annually, 19 times as much as the \$54 million cost of treating them.***

DRUG TREATMENT FUNDING

Drug treatment funding increased nearly 100% from \$31 million in FY 1999 to \$60 million in FY 2003.

Fiscal Year	State	Baltimore City	Federal	Private	Total
1999	\$22,440,297	\$3,354,748	\$5,621,919	\$0	\$31,416,964
2000	\$22,664,039	\$4,355,306	\$2,425,576	\$0	\$29,444,921
2001	\$36,558,978	\$1,908,856	\$6,807,094	\$723,415	\$45,998,343
2002	\$40,306,445	\$1,658,856	\$5,959,292	\$156,000	\$48,080,593
2003	\$52,245,610	\$2,460,418	\$5,230,098	\$320,000	\$60,256,126



* Slight drop in funding in 2000 due to a reduction in some federal funds.

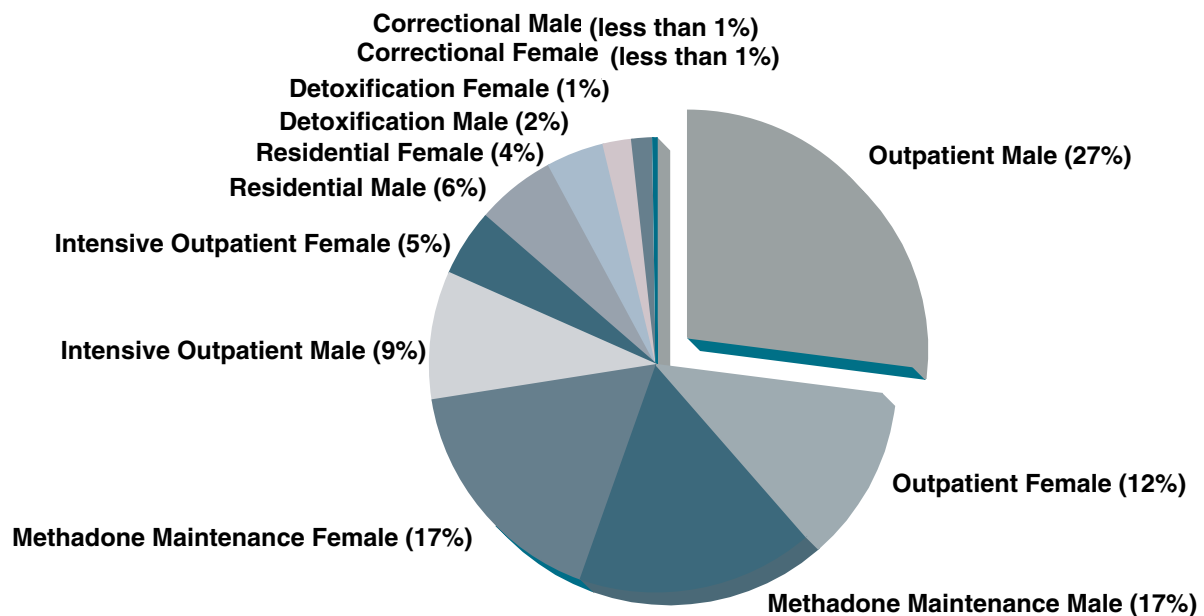
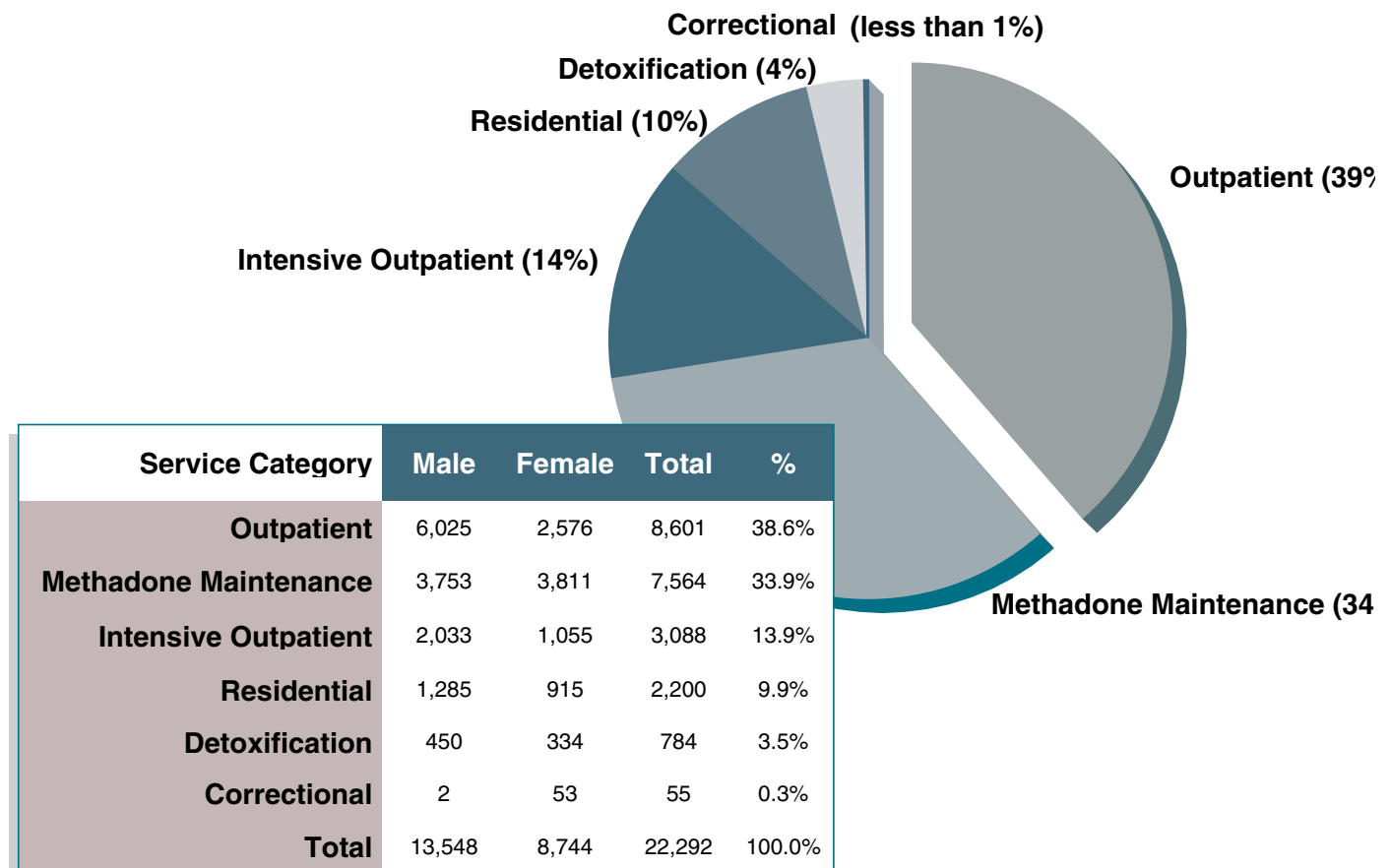
DRUG TREATMENT CAPACITY

Drug treatment capacity increased by 2,096 slots or 33% from 6,448 in FY 1999 to 8,544 in FY 2003.**

Fiscal Year	Funds	Treatment Slots	Annual Clients
1999	\$31,416	6,448	16,046
2000	\$29,444	6,515	18,118
2001	\$45,998	7,484	19,558
2002	\$48,080	7,598	22,274
2003	\$60,256	8,544	25,337

** Rate of treatment slot is less than fund increase due to: 1) A large number of slots purchased were in the most costly levels of care (i.e. residential detoxification and long-term residential), and 2) some ancillary (or non-slot) services were purchased, such as treatment counselors at every DSS office and hospital, etc.

SUBSTANCE ABUSE TREATMENT SERVICES RENDERED



Source: Baltimore Substance Abuse Systems, Inc.

MEN'S HEALTH CENTER

The Baltimore City Health Department's Men's Health Center, the first in the nation, opened in 2000. During 2002, the Center served 1,900 unduplicated uninsured men and recorded 5,092 medical encounters.

Top Ten Primary Diagnosis Categories

1	Cardiovascular	19.15%
2	Hypertension	18.38%
3	Health Maintenance	17.71%
4	Endocrine (hypothyroidism, arthritis, etc.)	10.90%
5	Physical Exam	10.13%
6	Diabetes	9.78%
7	Symptoms (pains, coughs, headaches, etc.)	4.75%
8	Respiratory	4.18%
9	Skin	2.55%
10	Emotional (depression, tobacco use disorder, etc.)	2.22%

The above accounts for 99.75% of the primary diagnoses

Percentages of Clients by Age

19-30	16.39%
31-40	24.24%
41-50	33.08%
51-60	22.21%
Over age 60	4.08%

Source: Baltimore City Health Department, Men's Health Center

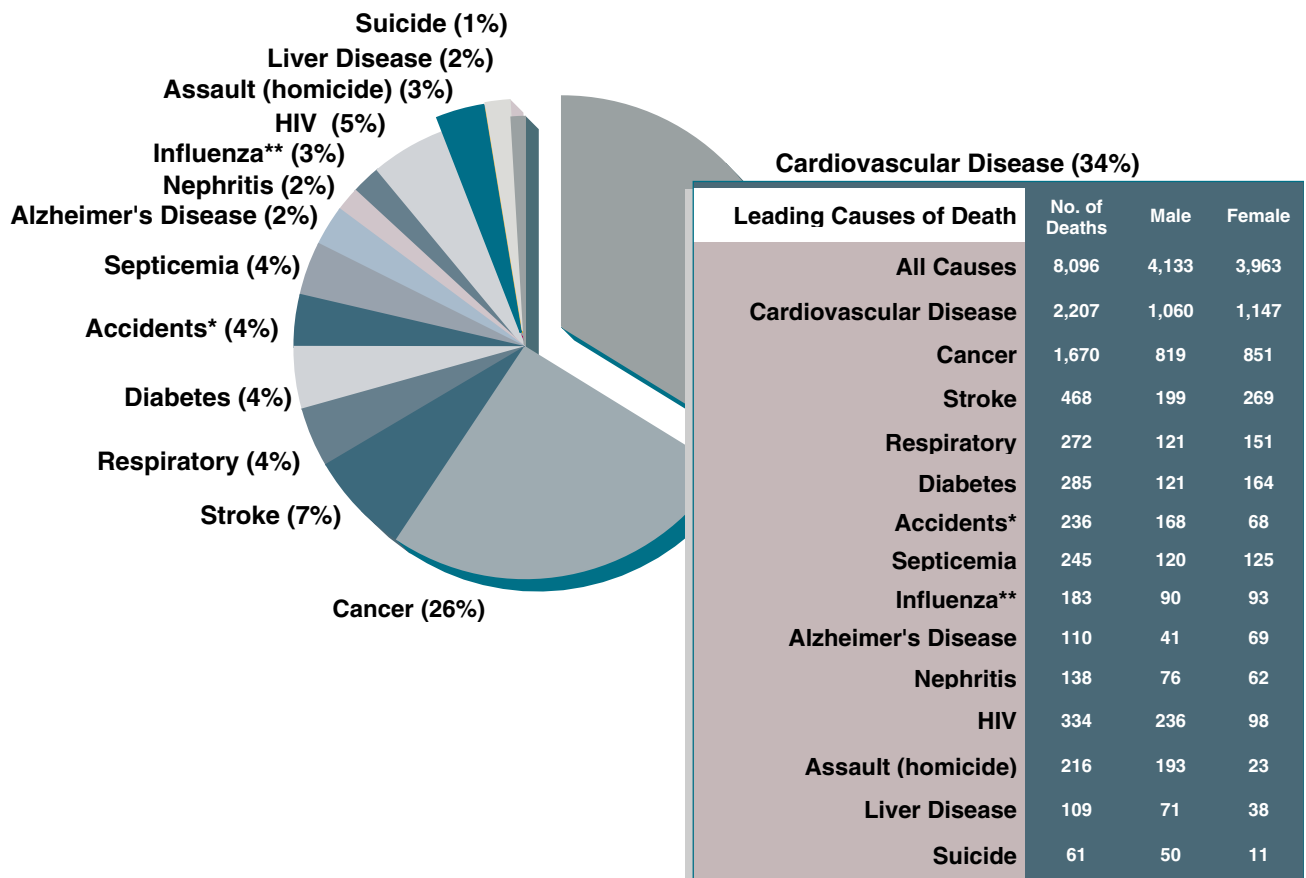
SERVICE LEVELS

Select Health Service Levels Achieved in 2002

Uninsured men treated at Men's Health Center	1,900
Unduplicated visits to STD clinics	25,328
Patients receiving substance abuse treatment	21,471

MORTALITY

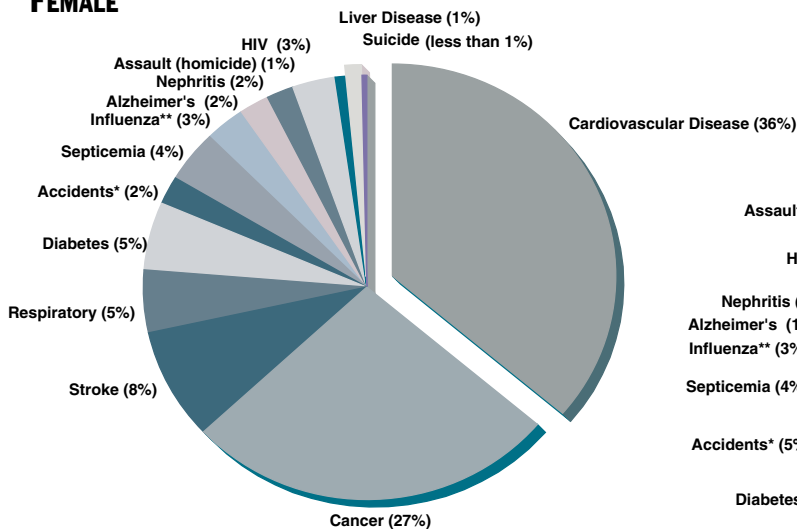
LEADING CAUSES OF DEATH, 2001



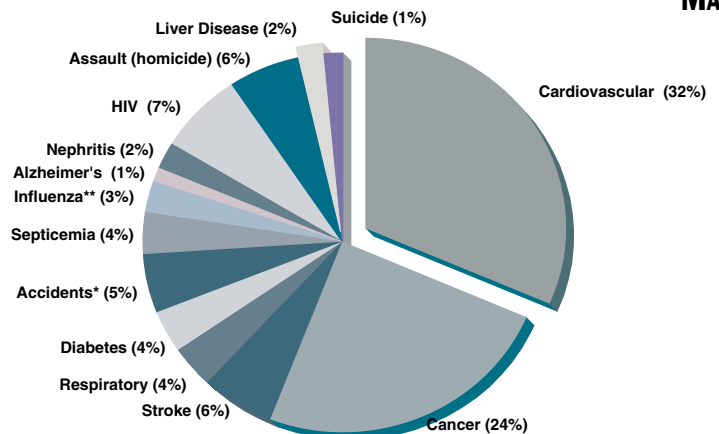
Source: Baltimore City Health Department
*Includes motor vehicle accidents

CAUSES OF DEATH, BY SEX

FEMALE



MALE



Percentages of pie charts may not add to 100% due to rounding-off.

HISTORICAL MORTALITY TRENDS

Rank	1898	1949	1989	1999	2001
1	Infant Death (under 1yr)	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Consumption Disease (TB)	Cancer	Cancer	Cancer	Cancer
3	Nervous System Disease	Cerebral Hemorrhage	Cerebral Hemorrhage	Cerebral Hemorrhage	Stroke
4	Bronchitis and Pneumonia	Kidney Disease	Pneumonia*	HIV	HIV
5	Diarrheal Disease	Infant Death (under 1yr)	COPD	Diabetes	Diabetes
6	Heart Disease	Injuries	Injuries	Poisoning	COPD
7	Kidney Disease	Tuberculosis	Diabetes	COPD	Accidents
8	Digestive Disease	Diabetes	Homicide	Septicemia	Homicide
9	Injuries	Bronchitis and Pneumonia	Septicemia	Homicide	Pneumonia*
10	Cancer	Digestive Diseases	HIV	Kidney Disease	Kidney Disease
Homicide Rank	21	13	8	9	8

Source: Baltimore City Health Department Annual Reports

*includes influenza

